03/02/2016 20 : 58

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**REPORT OF RECEIPTS** 

FORM 3 AND DISBURSEMENTS For An Authorized Committee					Office Use Only				
NAME OF COMMITTEE (in	TYPE OR PRIM		Example: If typing, over the lines.	type 1	2FE4M5				
PEOPLE FOR	KEVIN F WHITE	ON LAKEVIEW RD							
ADDRESS (number and Check if difference that than previous reported. (A	ferent NEW CARLI	SLE			DH 45344	1			
2. FEC IDENTIFIC	CATION NUMBER ▼	CITY 3. IS THIS REPORT	× NEW (N)	OR STA	AMENDED (A)	ZIP CODE STATE ▼ DISTRICT			
(a) Quarterly Re April 15 July 15 October January	PORT (Choose One) eports: 6 Quarterly Report (Q1) Quarterly Report (Q2) r 15 Quarterly Report (Q3) r 31 Year-End Report (YE)	Election o	General (30G)	C) Y	General (12G) Special (12S)  Y Y Y Y  Runoff (30R)	in the State of OH  Special (30S)  in the State of			
5. Covering Period	M M / D D D D D D D D D D D D D D D D D	/ Y Y Y Y Y 2016	through	M M /	D D / Y 24	y y y 2016			
I certify that I have entry th		M COOPER	knowledge and bei		correct and corr	nplete.			
NOTE: Submission of Office Use Only	false, erroneous, or incomp	lete information ma	y subject the person	n signing this	F	nalties of 2 U.S.C. §437g.  EC FORM 3 Revised 02/2003)			

## **SUMMARY PAGE**

FEC Form 3 (Revised 02/2003) of Receipts and Disbursements

PAGE 2 / 11

Write or Type Committee Name

## PEOPLE FOR KEVIN F WHITE

01 02 24 2016 01 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B Election Cycle-to-Date** This Period Net Contributions (other than loans) **Total Contributions** (a) 435.00 2565.00 (other than loans) (from Line 11(e)) .... (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) ..... (c) Net Contributions (other than loans) 435.00 2565.00 (subtract Line 6(b) from Line 6(a)) ...... Net Operating Expenditures (a) Total Operating Expenditures 13665.83 3486.52 (from Line 17) ..... (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 13665.83 3486.52 (subtract Line 7(b) from Line 7(a)) ...... Cash on Hand at Close of 1347.65 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 15500.00 Schedule C and/or Schedule D).....

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

### PEOPLE FOR KEVIN F WHITE

01 01 2016 02 24 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 250.00 1500.00 (i) Itemized (use Schedule A)...... 185.00 1015.00 (ii) Unitemized..... (iii) TOTAL of contributions 435.00 2515.00 from individuals ..... 0.00 0.00 (b) Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 50.00 (d) The Candidate ..... TOTAL CONTRIBUTIONS (other than loans) 435.00 2565.00 (add Lines 11(a)(iii), (b), (c), and (d)).. 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES ..... 13. LOANS:

(a) Made or Guaranteed by the Candidate	14000.00	1500.00
(b) All Other Loans(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	14435.00	4065.00

## **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

	II	. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPE	RATING EXPENDITURES	13665.83	3486.52
18.		NSFERS TO OTHER HORIZED COMMITTEES	0.00	0.00
19.	LOAI	N REPAYMENTS:		
	. ,	Of Loans Made or Guaranteed by the Candidate	0.00	0.00
	(b)	Of All Other Loans	0.00	0.00
	` '	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20.	REFU	JNDS OF CONTRIBUTIONS TO:		
	()	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00	0.00
		Political Party Committees  Other Political Committees	0.00	0.00
	. ,	(such as PACs)	0.00	0.00
	` '	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	ОТН	ER DISBURSEMENTS	0.00	0.00
22.		AL DISBURSEMENTS Lines 17, 18, 19(c), 20(d), and 21)	13665.83	3486.52
		III. CASH SUI	MMARY	
23.	CAS	H ON HAND AT BEGINNING OF REPOR	TING PERIOD	578.48
24	TOTA	AL RECEIPTS THIS PERIOD (from Line 1	6, page 3)	14435.00
25.	SUB	TOTAL (add Line 23 and Line 24)		15013.48
26.	ТОТА	AL DISBURSEMENTS THIS PERIOD (from	n Line 22)	13665.83
27.		H ON HAND AT CLOSE OF REPORTING	PERIOD	1347.65

# SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:				FAGE		J	OF		1.1
(check only one)									
>	11a	11b		11c		11	d		
	12	13a		13b		14			15

		Statements may not be sold or used by any pe e name and address of any political committee	
	NAME OF COMMITTEE (In Full) PEOPLE FOR KEVIN F WHITE		
Α.	Full Name (Last, First, Middle Initial) JOHN D WILLIAMS		Date of Receipt
Λ.	Mailing Address 2515 5TH AVE		01 14 2016
	City YOUNGSTOWN	State Zip Code OH 44505	Transaction ID : SA11AI.4206
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer UNITED AIRLINES	Occupation PILOT	Memo Item
	Receipt For: 2016 Primary General Other (specify) Special-Primary	Election Cycle-to-Date 250.00	DONATION
— В	Full Name (Last, First, Middle Initial)		Date of Receipt
B.	Mailing Address		M M / D D / Y Y Y Y
	City	State Zip Code	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer	Occupation	Memo Item
	Receipt For: Primary General Other (specify)	Election Cycle-to-Date	
_	Full Name (Last, First, Middle Initial)		Date of Receipt
C.	Mailing Address		M M / D D / Y Y Y Y
	City	State Zip Code	
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer	Occupation	Memo Item
	Receipt For:  Primary General	Election Cycle-to-Date	- Incline telli
	Other (specify)	, , , , , , , , , , , , , , , , , , , ,	
5	UBTOTAL of Receipts This Page (optional)		250.00
Г	OTAL This Period (last page this line number		250.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11 (check only one)

11a 11b 11c 11d 11d 12 X 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) PEOPLE FOR KEVIN F WHITE Full Name (Last, First, Middle Initial) KEVIN FRANCIS LT COL F WHITE Date of Receipt Mailing Address 5089 N. DAYTON LAKEVIEW RD 2016 03 City State Zip Code Transaction ID: SA13A.4226 ОН 45344 **NEW CARLISLE** FEC ID number of contributing Amount of Each Receipt this Period H6OH08166 federal political committee. 14000.00 Name of Employer Occupation **UNITED AIRLINES PILOT** Memo Item LOAN Receipt For: 2016 Election Cycle-to-Date Primary General 14000.00 Other (specify) Special-Primary Full Name (Last, First, Middle Initial) Date of Receipt B. Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. Name of Employer Occupation Memo Item Receipt For: Election Cycle-to-Date Primary General Other (specify) 14000.00 SUBTOTAL of Receipts This Page (optional)..... 14000.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 11 (check only one)    X   17
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) PEOPLE FOR KEVIN F WHITE		
Full Name (Last, First, Middle Initial)  ALPHA MEDIA  Mailing Address 717 E DAVID RD  City State DAYTON OH  Purpose of Disbursement RADIO AD  Candidate Name PEOPLE FOR KEVIN F WHITE  Office Sought: House Senate Disbursement For Primary		Date of Disbursement  02 08 2016  Amount of Each Disbursement this Period  110.00  Memo Item  Transaction ID: SB17.4191
State: OH District:  Full Name (Last, First, Middle Initial) COX RADIO  Mailing Address 1611 S MAIN ST  City State DAYTON OH  Purpose of Disbursement RADIO AD	Zip Code 45409	Date of Disbursement  O2 12 2016  Amount of Each Disbursement this Period  4725.00
Candidate Name PEOPLE FOR KEVIN F WHITE  Office Sought: House Senate President State: OH District: Other (	Category, Type	Memo Item  Transaction ID : SB17.4195
Full Name (Last, First, Middle Initial)  IHEART RADIO AD  Mailing Address 2030 IOWA AVE #100  City State Z	lip Code	Date of Disbursement  M M / D D / Y Y Y Y  02 12 2016  Amount of Each Disbursement this Period
Purpose of Disbursement RADIO AD  Candidate Name PEOPLE FOR KEVIN F WHITE  Office Sought: House Disbursement Formary Senate Primary		3975.00 Memo Item
SUBTOTAL of Disbursements This Page (optional)		8810.00

TOTAL This Period (last page this line number only).....

# SCHEDULE B (FEC Form 3)

	FOR LINE NUMBER:			PAGE	8	OF	11	
Use separate schedule(s)	(check only one)							
for each category of the Detailed Summary Page	X	17		18		19a		19b
		20a		20b		20c		21
by not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.								

ITEMIZED DISBURSEMENTS Any information copied from such Reports and Statements ma or for commercial purposes, other than using the name and ac NAME OF COMMITTEE (In Full) PEOPLE FOR KEVIN F WHITE Full Name (Last, First, Middle Initial) Date of Disbursement PCS MARKETING GROUP LLC 2016 Mailing Address 2534 COMMERCE BLVD 02 18 City State Zip Code Amount of Each Disbursement this Period OH **CINCINNATI** 45241 414.60 Purpose of Disbursement ADS 004 Memo Item Candidate Name Category/ PEOPLE FOR KEVIN F WHITE Type Transaction ID: SB17.4197 Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) Special-Primary President ОН State: District: Full Name (Last, First, Middle Initial) PCS MARKETING GROUP LLC Date of Disbursement Mailing Address 2534 COMMERCE BLVD 02 19 2016 City State Zip Code Amount of Each Disbursement this Period ОН **CINCINNATI** 45241 Purpose of Disbursement ADS 3314.33 004 Memo Item Candidate Name Category/ PEOPLE FOR KEVIN F WHITE Type Transaction ID: SB17.4199 Disbursement For: Office Sought: House 2016 Senate Primary General Other (specify) Special-Primary President State: OH District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Memo Item Candidate Name Category/ Type Office Sought: Disbursement For: House Senate General Primary President Other (specify) State: District: 3728.93 SUBTOTAL of Disbursements This Page (optional)..... 12538.93 TOTAL This Period (last page this line number only).....

# SCHEDULE C (FEC Form 3)

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

×	13a
	13b

11

OF

JANS		Detailed Summary Page	(check only one) 13a	
AME OF COMMITTEE (In Full) PEOPLE FOR KEVIN F WHIT	Ē	Transactio	on ID : SC/10.4111	
LOAN SOURCE Full Name (Last, Fin		Memo Item	Election: 2016 Primary General	
Mailing Address 5089 N. DAYTON LAKEVIEW RD			Other (specify) ▼ Special-Primary	
City	State ZIP Co	ode		
NEW CARLISLE	OH 45344			
Original Amount of Loan	Cumulative Payment To	o Date Balanc	e Outstanding at Close of This Period	
500.00	0	0.00	500.00	
TERMS  Date Incurred	Date Due		Secured:	
M 10 M / D 06 D / Y 2015	M M / D D / Y	0.00 03/15/2016 0.00	% (apr) Yes No	
List All Endorsers or Guarantors (if				
1. Full Name (Last, First, Middle Init	ial)	Name of Employer		
Mailing Address		Occupation		
City	tate ZIP Code	Amount Guaranteed Outstanding:	,	
2. Full Name (Last, First, Middle Initia	al)	Name of Employer		
Mailing Address		Occupation		
City S	tate ZIP Code	Amount Guaranteed		
3. Full Name (Last, First, Middle Initia	al)	Catotanang.	7	
5. Full Name (Last, First, Middle Illitia	31)	Name of Employer		
Mailing Address		Occupation		
City	tate ZIP Code	Amount Guaranteed		
4. Full Name (Last, First, Middle Initia	al)	Outstanding:  Name of Employer	<u> </u>	
Mailing Address				
Mailing Address		Occupation		
City	tate ZIP Code	Amount Guaranteed Outstanding:	9 1 0	
UBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this li	ne only)		, , , , , , , ,	
Carry outstanding balance only to LINE	3, Schedule D, for this line. If	no Schedule D, carry forwar	rd to appropriate line of Summary.	

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

**X** 13a

11

PAGE 10

LOANS	Detailed Summary Page (Check Only One) 13a 13b			
NAME OF COMMITTEE (In Full) PEOPLE FOR KEVIN F WHITE	Transaction ID : SC/10.4113			
LOAN SOURCE Full Name (Last, First, Middle Initial) KEVIN FRANCIS LT COL F WHITE	Memo Item Election: 2016 Primary General			
Mailing Address 5089 N. DAYTON LAKEVIEW RD				
City State ZIP Coo NEW CARLISLE OH 45344	de			
Original Amount of Loan  Cumulative Payment To	Date Balance Outstanding at Close of This Period  0.00 1000.00			
TERMS  Date Incurred  Date Due  M 10 M / D 06 / Y 2015 Y M M / D D / Y 03	Interest Rate Secured:  0.00  (apr)  Secured:  Yes No			
List All Endorsers or Guarantors (if any) to Loan Source  1. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation  Amount			
City State ZIP Code	Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City State ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (optional)				
TOTALS This Period (last page in this line only)	······································			
Carry outstanding balance only to LINE 3, Schedule D, for this line. If I	no Schedule D, carry forward to appropriate line of Summary.			

# SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

11

×	13a
	13b

11

Detailed Summary Page Transaction ID: SC/10.4226 NAME OF COMMITTEE (In Full) PEOPLE FOR KEVIN F WHITE LOAN SOURCE Full Name (Last, First, Middle Initial) Election: Memo Item 2016 Primary KEVIN FRANCIS LT COL F WHITE General Mailing Address X Other (specify) 5089 N. DAYTON LAKEVIEW RD Special-Primary State ZIP Code City ОН 45344 **NEW CARLISLE** Balance Outstanding at Close of This Period Original Amount of Loan Cumulative Payment To Date 14000.00 0.00 14000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 0.00 <sup>M</sup> 02<sup>M</sup> 03 2016 03/15/2016 % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 14000.00 15500.00 TOTALS This Period (last page in this line only) ...... Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.